

Exhibit A Pg 1To: Stanley Taylor Dept of CorrectionsTo: Chris Wilkins Cms Supervisor

1 MARCH 06

Copy

I bring to your attention a long
 unsolved matter regarding mental health. I
 have combined psychiatric disorders, one of
 which is adult ADD.

The U.S. District Court of Delaware has given
 me thirty days to amend my complaint regarding
 the above. I would rather see this solved within
 the institution.

Various letters and complaints were filed. On 23
 November 05 Psychiatrist continued ADD meds
 along with other medications. I never received
 the ADD meds. However was advised by
 nurses and staff supervisor that it was

Written before Amended Complaint

Exhibit APg 2

ordered.

on 11 JAN 06 The Psychiatrist stopped my ADD medication and stated that Correctional Medical Systems does not recognize or treat ADD disorder. I have been communicating with the National Institute For Mental Health, National Institute of Neurological Disorders and Stroke and CHADD - Children and Adults With ADD.

ADD is Listed in the Diagnostic and Statistical Manual (DSM-IV TR); it is Recognized by the American Psychiatric Association and is a Recognized disorder by the Federal Government. And Social Security Admin.

Exhibit AIIIPg 3~~XXXXXXXXXX~~

My Request is that the Medical Dept Administer the Most Successful of Alternative Medications And without Unnecessary delay, As left Untreated may Result in Further Neurological Damage Which May diminish my Ability to Function in the Future.

As A Result of my medication being resisted I AM Suffering "episodes" where I cannot Concentrate at all, Also I get Confused, distracted, Angry, Frustrated, because I cannot keep A steady course in thought. I've lost my temper Several times And I Am Afraid because I Am unable to stop myself, that something bad will happen. Sometimes I Am "approached" For the way I Am.

Exhibit A Pg 4 IV

Noise sets me off tremendously; sometimes I cannot separate the sounds. I fear for the future if I am not treated - Both Counseling and proper medication - And a Housing Area that will not aggravate my condition and other mental health therapy is available on a regular basis.

...

Note: Dr. D.D., after a time prescribe Wellbutrin for ADD - But this poses more a threat for seizure than regular ADD meds. Plus, according to National Institute of Mental Health, Wellbutrin must be administered twice daily in order to be even minimally effective. It is prescribed once a day and has very little effect.

Exhibit A Pg. 5 ✓

Against my overall condition, . . .

It is as if there is no treatment.

Every day while suffering this disorder
is a long one. Pushing beyond the
normal call. I fear for the future

Respectfully

James B. B.

Capt. Henry

Page 6

Leonard Baylis 100231

Counselor Ithila

Copy

Bld. 22-U-A-4

Exhibit A

9 April 06

My NAME is Leonard Baylis, 55 years old. I moved to this unit on 3 April 06 (the unit). I have mental health problems. I have difficulty in excessively loud or confrontational environments. I have "episodes" Sometimes I get lost. I can actually feel my mental state deteriorating. I feel that something is going to happen. I have since November 05 been asking to be housed in an area more suitable to my condition, this has been prolonged excessively. I say this because I have been involved in confrontations where I am threatened because I get excited I lose track of time and I get angry and can't talk right. It is hard to explain. But I believe that something serious is going to happen.

Exhibit A

Page 7

II

Counselor's copy

health unit And to speak with you. Some things cannot be written down. Some days it is Really serious And I am Afraid that something will happen that could be prevented.

Sincerely, *Leon Baylis*

Leonard Baylis 100231

#22-C-A-4

2/26/05

Exhibit A

Page 8

~~SECRET~~

DELAWARE DEPARTMENT OF CORRECTIONS REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES

FACILITY: H.R.Y.C.I.

(GANDER HILL)

This request is for (circle one): **MEDICAL** DENTAL **MENTAL HEALTH**

Leonard Baylis

1-D-5

Name (Print)

Housing Location

9-5-50

100231

16 September 05

Date of Birth

SBI Number

Date Submitted

Complaint (What type of problem are you having) Recently Visited Dentist
And WAS told to come back when sentenced. I AM NOW
Sentenced (9-15-05) I need denture work I have
trouble Chewing/Eating - it is hard on my stomach

Leonard Baylis

16 September 05

Inmate Signature

Date

The below area is for medical use only. Please do not write any further

s: you have been scheduled for sick call.

O: Temp: _____ Pulse: _____ Resp: _____ B/P: _____ WT: _____

A: _____

P: _____

E: _____

no answer

Provider Signature and Title

Date

Time

Exhibit A Pg 9

FORM #585

MEDICAL GRIEVANCEFACILITY: D.C.C.DATE SUBMITTED: 17 Nov. 05INMATE'S NAME: Leonard BaylisSBI#: 100231HOUSING UNIT: V-D-1

CASE #: _____

SECTION #1DATE & TIME OF MEDICAL INCIDENT: 16:00

TYPE OF MEDICAL PROBLEM:

Have mental health problems. Seizure;
 Fogue, Chronic Depression and Adult Add
 I must receive regular medication. Today,
 17 Nov. 05 I was transferred from Garden
 Hill, mental health unit, without receiving meds.
 Furthermore, with the knowledge that I cannot
 abide excessive noise or situations which
 may exacerbate confusion, I was transferred to
 the Greentree unit - a noisy and extremely convoluted
 environment.

GRIEVANT'S SIGNATURE: Leonard BaylisDATE: 17 Nov. 05.

ACTION REQUESTED BY GRIEVANT: To negotiate with psychiatrist
my being placed in the special needs unit.
And to receive all medications

DATE RECEIVED BY MEDICAL UNIT: _____

NOTE: EMERGENCY MEDICAL CONDITIONS WILL TAKE PRIORITY. OTHERWISE, MEDICAL
GRIEVANCES WILL BE ADDRESSED AT THE WEEKLY MEDICAL COMMITTEE MEETING.

DELAWARE DEPARTMENT OF CORRECTIONS
REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES
FACILITY: DELAWARE CORRECTIONAL CENTER
This request is for (circle one): **MEDICAL DENTAL MENTAL HEALTH**

Leonard Baylis Victor
Name (Print) Housing Location
9-5-50 100231 DEC. 1 05
Date of Birth SBI Number Date Submitted

Complaint (What type of problem are you having)? CONFUSION
problems concentrating - pre Seizure
Activity
2nd Request

Inmate Signature Date
The below area is for medical use only. Please do not write any further.

S: _____

O: Temp: _____ Pulse: _____ Resp: _____ B/P: _____ WT: _____

A: _____

P: _____

E: _____

Provider Signature & Title

Date & Time

Exhibit A Pg 11

DCC Delaware Correctional Center

Smyrna Landing Road

SMYRNA DE, 19977

Phone No. 302-653-9261

GRIEVANCE REPORT**OFFENDER GRIEVANCE INFORMATION**

| | | |
|--|---|-----------------------|
| Offender Name : BAYLIS, LEONARD K | SBI# : 00100231 | Institution : DCC |
| Grievance # : 21472 | Grievance Date : 11/29/2005 | Category : Individual |
| Status : Unresolved | Resolution Status : | Resol. Date : |
| Grievance Type: Health Issue (Medical) | Incident Date : 11/29/2005 | Incident Time : 04:00 |
| IGC : Merson, Lise M | Housing Location : Bldg V, Tier D, Cell 1, Single | |

OFFENDER GRIEVANCE DETAILS

Description of Complaint: Not receiving proper medication. Previous grievance on this subject not answered, Mental Health paperwork not current and I am not receiving all my mental health medications that were ordered by the Psychiatrist.

Remedy Requested : To receive medications ordered by Psychiatrist and proper mental health treatment.

INDIVIDUALS INVOLVED

| Type | SBI # | Name |
|------|-------|------|
|------|-------|------|

ADDITIONAL GRIEVANCE INFORMATION

| | |
|---------------------------------|--|
| Medical Grievance : YES | Date Received by Medical Unit : 12/22/2005 |
| Investigation Sent : 12/22/2005 | Investigation Sent To : Plante, Donna |
| Grievance Amount : | |

Exhibit A Pg 12

DCC Delaware Correctional Center
Smyrna Landing Road
SMYRNA DE, 19977
Phone No. 302-653-9261

GRIEVANCE REPORT

OFFENDER GRIEVANCE INFORMATION

| | | |
|--|---|-----------------------|
| Offender Name : BAYLIS, LEONARD K | SBI# : 00100231 | Institution : DCC |
| Grievance # : 22328 | Grievance Date : 11/29/2005 | Category : Individual |
| Status : <u>Unresolved</u> | Resolution Status : | Resol. Date : |
| Grievance Type: Health Issue (Medical) | Incident Date : 11/29/2005 | Incident Time : 13:00 |
| IGC : Merson, Lise M | Housing Location : Bldg V, Tier D, Cell 1, Single | |

OFFENDER GRIEVANCE DETAILS

Description of Complaint: Inmate claims: After repeated attempts to see Dentist (I have trouble eating because of missing teeth) and after signing off on a grievance on 15 Nov(at gander hill) and after I was promised dental treatment, I was today refused treatment because of wrong information in Dental records.

Remedy Requested : To receive proper Dental Treatment.

INDIVIDUALS INVOLVED

| Type | SBI # | Name |
|------|-------|------|
| | | |

ADDITIONAL GRIEVANCE INFORMATION

| | |
|---------------------------------|--|
| Medical Grievance : YES | Date Received by Medical Unit : 01/11/2006 |
| Investigation Sent : 01/11/2006 | Investigation Sent To : Malaney, Christine |
| Grievance Amount : | |

Exhibit Pg 13

FORM #584

GRIEVANCE FORM

FACILITY: De Correctional Ctr. DATE: 28 Feb 06
 GRIEVANT'S NAME: Leonard Baylis SBI#: 100251
 CASE#: 24239 TIME OF INCIDENT: ongoing
 HOUSING UNIT: ✓

BRIEFLY STATE THE REASON FOR THIS GRIEVANCE. GIVE DATES AND NAMES OF OTHERS INVOLVED IN THE INCIDENT OR ANY WITNESSES.

Concerning Dental work NOT Accomplished
After Requests And grievances Dated 29 Nov 05
And 27 Dec 05 Returned unsolved And 27 Dec
05 Grievance Resubmitted. NO Actual
work has been Accomplished. I have difficulty
Eating And this leads to Stomach problems
 ACTION REQUESTED BY GRIEVANT: To Receive Actual Dental
Work

GRIEVANT'S SIGNATURE: Leonard Baylis DATE: 28 Feb 06

WAS AN INFORMAL RESOLUTION ACCEPTED? _____ (YES) _____ (NO)

(COMPLETE ONLY IF RESOLVED PRIOR TO HEARING)

GRIEVANT'S SIGNATURE: _____ DATE: _____

IF UNRESOLVED, YOU ARE ENTITLED TO A HEARING BY THE RESIDENT GRIEVANCE COMMITTEE.

cc: INSTITUTION FILE
 GRIEVANT

RECEIVED

April '97 REV

MAR 01 2006

Inmate Grievance Office

EXHIBIT A Pg 14

DCC Delaware Correctional Center
Smyrna Landing Road
SMYRNA DE, 19977
Phone No. 302-653-9261

Date: 03/20/2006

GRIEVANCE REPORT

OFFENDER GRIEVANCE INFORMATION

| | | |
|--|---|-----------------------|
| Offender Name : BAYLIS, LEONARD K | SBI# : 00100231 | Institution : DCC |
| Grievance # : 21472 | Grievance Date : 11/29/2005 | Category : Individual |
| Status : Withdrawn | Resolution Status : | Resol. Date : |
| Grievance Type: Health Issue (Medical) | Incident Date : 11/29/2005 | Incident Time : 04:00 |
| IGC : Merson, Lise M | Housing Location : Bldg V, Tier D, Cell 1, Single | |

OFFENDER GRIEVANCE DETAILS

Description of Complaint: Not receiving proper medication. Previous grievance on this subject not answered, Mental Health paperwork not current and I am not receiving all my mental health medications that were ordered by the Psychiatrist.

Remedy Requested : To receive medications ordered by Psychiatrist and proper mental health treatment.

INDIVIDUALS INVOLVED

| Type | SBI # | Name |
|------|-------|------|
|------|-------|------|

ADDITIONAL GRIEVANCE INFORMATION

| | |
|---------------------------------|--|
| Medical Grievance : YES | Date Received by Medical Unit : 12/22/2005 |
| Investigation Sent : 12/22/2005 | Investigation Sent To : Plante, Donna |
| Grievance Amount : | |

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DCC Delaware Correctional Center
Smyrna Landing Road
SMYRNA DE, 19977
Phone No. 302-653-9261

Date: 03/20/2006

INFORMAL RESOLUTION

OFFENDER GRIEVANCE INFORMATION

| | | |
|--|---|-----------------------|
| Offender Name : BAYLIS, LEONARD K | SBI# : 00100231 | Institution : DCC |
| Grievance # : 21472 | Grievance Date : 11/29/2005 | Category : Individual |
| Status : Withdrawn | Resolution Status: | Inmate Status : |
| Grievance Type: Health Issue (Medical) | Incident Date : 11/29/2005 | Incident Time : 04:00 |
| IGC : Merson, Lise M | Housing Location : Bldg V, Tier D, Cell 1, Single | |

INFORMAL RESOLUTION

Investigator Name : Plante, Donna

Date of Report 12/22/2005

Investigation Report : RECEIVING PROZAC NOT RITALIN. RITALIN NONFORMULARY WILL GET MH TO HAVE NONFORMULARY FILLED TO RECEIVING THE MEDICINE. NONFORMULARY & ORDER WILL BE REFAXED TO PHARC SPOKE WITH MORGAN MEDICATION NURSE & SAID THAT DONNA PLANT TOOK CARE OF THIS MATTER ON 1/03/06

Reason for Referring:

*Ritalin
not Received*

Offender's Signature: _____

Date : _____

Witness (Officer) : _____

DCC Delaware Correctional Center

Date: 03/20/2006

Smyrna Landing Road

SMYRNA DE, 19977

Phone No. 302-653-9261

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GRIEVANCE INFORMATION - IGC

OFFENDER GRIEVANCE INFORMATION

| | | |
|--|---|-----------------------|
| Offender Name : BAYLIS, LEONARD K | SBI# : 00100231 | Institution : DCC |
| Grievance # : 21472 | Grievance Date : 11/29/2005 | Category : Individual |
| Status : Withdrawn | Resolution Status : | Inmate Status : |
| Grievance Type: Health Issue (Medical) | Incident Date : 11/29/2005 | Incident Time : 04:00 |
| IGC : Merson, Lise M | Housing Location : Bldg V, Tier D, Cell 1, Single | |

IGC

Medical Provider:

Date Assigned

Comments:

☒ Forward to MGC☐ Warden Notified☐ Forward to RGC

Date Forwarded to RGC/MGC : 01/19/2006

☒ Offender Signature Captured

Date Offender Signed :

Exhibit A Pg 17

DCC Delaware Correctional Center
Smyrna Landing Road
SMYRNA DE, 19977
Phone No. 302-653-9261

GRIEVANCE INFORMATION - MGC**OFFENDER GRIEVANCE INFORMATION**

| | | |
|--|---|-----------------------|
| Offender Name : BAYLIS, LEONARD K | SBI# : 00100231 | Institution : DCC |
| Grievance # : 21472 | Grievance Date : 11/29/2005 | Category : Individual |
| Status : Withdrawn | Resolution Status: | Inmate Status : |
| Grievance Type: Health Issue (Medical) | Incident Date : 11/29/2005 | Incident Time : 04:00 |
| IGC : Merson, Lise M | Housing Location : Bldg V, Tier D, Cell 1, Single | |

MGC

Date Received : 01/19/2006

Date of Recommendation: 03/20/2006

GRIEVANCE COMMITTEE MEMBERS

| Person Type | SBI # | Name | Vote |
|-------------|-------|------|------|
|-------------|-------|------|------|

VOTE COUNT

Uphold :

Deny :

Abstain :

TIE BREAKER

| Person Type | SBI # | Name | Vote |
|-------------|-------|------|------|
|-------------|-------|------|------|

RECOMMENDATION

Hearing held 3/14/2006

Per Capt. Michael McCreanor: in Litigation. Withdrawn.

HRYCI Howard R. Young Correctional Institution

Date: 03/20/2006

1301 E. 12th Street

WILMINGTON DE, 19809

Phone No. 302-429-7700

*Exhibit A Pg 18***GRIEVANCE INFORMATION - MGC****OFFENDER GRIEVANCE INFORMATION**

| | | |
|--|---|-----------------------|
| Offender Name : BAYLIS, LEONARD K | SBI# : 00100231 | Institution : HRYCI |
| Grievance # : 20470 | Grievance Date : 11/15/2005 | Category : Individual |
| Status : Withdrawn | Resolution Status: | Inmate Status : |
| Grievance Type: Health Issue (Medical) | Incident Date : 11/15/2005 | Incident Time : |
| IGC : Merson, Lise M | Housing Location : Bldg V, Tier D, Cell 1, Single | |

MGC

Date Received : 02/28/2006

Date of Recommendation: 03/20/2006

GRIEVANCE COMMITTEE MEMBERS

| Person Type | SBI # | Name | Vote |
|-------------|-------|------|------|
|-------------|-------|------|------|

VOTE COUNT

| | | |
|----------|--------|-----------|
| Uphold : | Deny : | Abstain : |
|----------|--------|-----------|

TIE BREAKER

| Person Type | SBI # | Name | Vote |
|-------------|-------|------|------|
|-------------|-------|------|------|

RECOMMENDATION

Hearing held 3/14/2006

Per Capt. Michael McCreanor: in Litigation. Withdrawn.

HRYCI Howard R. Young Correctional Institution

Date: 03/30/2006

1301 E. 12th Street
WILMINGTON DE, 19809
Phone No. 302-429-7700

Exhibit A Pg 19**GRIEVANCE INFORMATION - MGC****OFFENDER GRIEVANCE INFORMATION**

| | | |
|--|---|-----------------------|
| Offender Name : BAYLIS, LEONARD K | SBI# : 00100231 | Institution : HRYCI |
| Grievance # : 15434 | Grievance Date : 07/18/2005 | Category : Individual |
| Status : Withdrawn | Resolution Status: | Inmate Status : |
| Grievance Type: Health Issue (Medical) | Incident Date : 07/14/2005 | Incident Time : |
| IGC : Merson, Lise M | Housing Location : Bldg V, Tier D, Cell 1, Single | |

MGC

Date Received : 08/24/2005

Date of Recommendation: 03/30/2006

GRIEVANCE COMMITTEE MEMBERS

| Person Type | SBI # | Name | Vote |
|-------------|-------|------|------|
|-------------|-------|------|------|

VOTE COUNT

| | | |
|----------|--------|-----------|
| Uphold : | Deny : | Abstain : |
|----------|--------|-----------|

TIE BREAKER

| Person Type | SBI # | Name | Vote |
|-------------|-------|------|------|
|-------------|-------|------|------|

RECOMMENDATION

Hearing held 3/14/06. Under litigation. Per Capt. McCreanor grievance is withdrawn.

HRYCI Howard R. Young Correctional Institution

Date: 03/30/2006

1301 E. 12th Street

WILMINGTON DE, 19809

Phone No. 302-429-7700

Exhibit A Pg 20**INFORMAL RESOLUTION****OFFENDER GRIEVANCE INFORMATION**

| | | |
|--|---|-----------------------|
| Offender Name : BAYLIS, LEONARD K | SBI# : 00100231 | Institution : HRYCI |
| Grievance # : 15434 | Grievance Date : 07/18/2005 | Category : Individual |
| Status : Withdrawn | Resolution Status: | Inmate Status : |
| Grievance Type: Health Issue (Medical) | Incident Date : 07/14/2005 | Incident Time : |
| IGC : Merson, Lise M | Housing Location : Bldg V, Tier D, Cell 1, Single | |

INFORMAL RESOLUTION

Investigator Name : Hunter, Linda

Date of Report 08/18/2005

Investigation Report : Was seen by Dr. Mancuso on 7/27/05. Medications ordered. To be rescheduled to see the Dr.

Reason for Referring:

Investigator Name : McCreanor, Michael

Date of Report 12/12/2005

Investigation Report :

Reason for Referring: Captain McCreanor, will you see if this is still an issue with I/M Baylis? Sgt. Moody

Offender's Signature: _____

Date : _____

Witness (Officer) : _____

Exhibit A pg 21

FORM #584

GRIEVANCE FORM

FACILITY: D.C.C.DATE: 2 May 06GRIEVANT'S NAME: Leonard BaylisSBI#: 100231

CASE#: _____

TIME OF INCIDENT: Repeated - last event
evening of May 1HOUSING UNIT: Bldg. 22 A-1-4

BRIEFLY STATE THE REASON FOR THIS GRIEVANCE. GIVE DATES AND NAMES OF OTHERS INVOLVED IN THE INCIDENT OR ANY WITNESSES.

On May 1st And on previous dates I have been threatened with injury by my cell mate. I have went to staff And I am told there is nothing they can do other than me to sign on and lose all privileges. Why do I have to sign on when I am simply trying to do my time. Also I have mental health issues. I am supposed to be considered for S.M. I feel in imminent danger. My cell mate told me I could end up like Mr. Pytro And be found dead in the morning. I want to press charges.

ACTION REQUESTED BY GRIEVANT: To be move to different cell And or ~~used~~ S.M.GRIEVANT'S SIGNATURE: Leonard BaylisDATE: 2 May 06

WAS AN INFORMAL RESOLUTION ACCEPTED? _____(YES) _____(NO)

(COMPLETE ONLY IF RESOLVED PRIOR TO HEARING)

GRIEVANT'S SIGNATURE: _____

DATE: _____

IF UNRESOLVED, YOU ARE ENTITLED TO A HEARING BY THE RESIDENT GRIEVANCE COMMITTEE.

cc: INSTITUTION FILE
GRIEVANT

COPY U.S.

April '97 REV

Exhibit A Pg 22

FORM #585
MEDICAL GRIEVANCE

Medical

FACILITY: D.C.C.
INMATE'S NAME: Leonard Baylis
HOUSING UNIT: V

DATE SUBMITTED: 28 Feb 06
SBI#: 500231
CASE #: _____

SECTION #1

DATE & TIME OF MEDICAL INCIDENT: Ongoing

TYPE OF MEDICAL PROBLEM:

Concerning Dental work not Accomplished, After
Requests And grievances Dated 29 Nov 05 And
27 Dec. Returned unresolved And 27 Dec Grievance
Resubmitted. No actual work has been
Accomplished. I have difficulty eating and
this leads to Stomach problems.

GRIEVANT'S SIGNATURE:

Leonard Baylis

DATE:

28 Feb 06

ACTION REQUESTED BY GRIEVANT:

To Receive Actual
Dental work.

DATE RECEIVED BY MEDICAL UNIT: _____

NOTE: EMERGENCY MEDICAL CONDITIONS WILL TAKE PRIORITY. OTHERWISE, MEDICAL GRIEVANCES WILL BE ADDRESSED AT THE WEEKLY MEDICAL COMMITTEE MEETING.

Exhibit A Pg 23

FORM #585

MEDICAL GRIEVANCE

FACILITY: De Correctional Center
INMATE'S NAME: Leonard Baylis
HOUSING UNIT: V

DATE SUBMITTED: 3 Feb 06
SBI#: 100231
CASE #: _____

SECTION #1

DATE & TIME OF MEDICAL INCIDENT: Ongoing

TYPE OF MEDICAL PROBLEM:

Recently, The Psychiatrist Discontinued care of my Medications (Ritalin) Unfortunately the Doctor Did not Replace with an Alternate Medication Suitable to their Formula. Without treatment According to National Institute of Mental Health - Person with ADD disorder is Subject to Worsening effects (without treatment) by interruption of connections that establish communication ^{between} ~~to~~ ~~the~~ brain Regions.

GRIEVANT'S SIGNATURE

Leon Baylis

DATE:

3 Feb 03

ACTION REQUESTED BY GRIEVANT:

To be treated for the total of my Mental illness. so that disorder will not exacerbate as is being experienced - need to communicate with Dr.

DATE RECEIVED BY MEDICAL UNIT: _____

NOTE: EMERGENCY MEDICAL CONDITIONS WILL TAKE PRIORITY. OTHERWISE, MEDICAL GRIEVANCES WILL BE ADDRESSED AT THE WEEKLY MEDICAL COMMITTEE MEETING.

Exhibit A Pg 24

FORM #585

MEDICAL GRIEVANCEFACILITY: D.C.C.DATE SUBMITTED: 22 Feb 06INMATE'S NAME: Leonard BaylisSBI#: 100231HOUSING UNIT: V

CASE #: _____

SECTION #1DATE & TIME OF MEDICAL INCIDENT: 4:30 AM.

TYPE OF MEDICAL PROBLEM:

Twice in one week my medication
has been "Missing" — Medication
For Seizure And Chronic Depression.
And I still have not been administered
Alternative meds For Attention Disorder
And I am ~~having~~ having serious
difficulty w/ Concentration And Confusion

GRIEVANT'S SIGNATURE: Leon BaylisDATE: 22 Feb 06

ACTION REQUESTED BY GRIEVANT:

To Receive my meds consistently and to
receive alternative meds for what has been
discontinued.

DATE RECEIVED BY MEDICAL UNIT: _____

NOTE: EMERGENCY MEDICAL CONDITIONS WILL TAKE PRIORITY. OTHERWISE, MEDICAL
GRIEVANCES WILL BE ADDRESSED AT THE WEEKLY MEDICAL COMMITTEE MEETING.

DELAWARE CORRECTIONAL CENTER --- MEMORANDUM

Exhibit A
Pg 25

TO: Inmate LEONARD Baylis, SBI# 00100231, Housing Unit MHU 22
 VIA: Counselor FURBER
 FROM: I.B.C.C.
 DATE: 6-13-06
 RE: Classification Results

Your M.D.T. has recommended you for the following: Good SNV, EVO Programs
170H

The I.B.C.C.'s decision is to:

☒ Approve _____
☐ Not Approve _____
☐ Defer _____
☐ Recommend _____
☐ Not Recommend _____

BECAUSE:

| | |
|--|--|
| <input type="checkbox"/> Lack of program participation | <input type="checkbox"/> Time remaining on sentence |
| <input type="checkbox"/> Pending disciplinary action | <input type="checkbox"/> Prior failure under supervision |
| <input type="checkbox"/> Gradual phasing indicated | <input type="checkbox"/> Poor institutional adjustment |
| <input type="checkbox"/> Open charges | <input type="checkbox"/> Serious nature of offense |
| <input type="checkbox"/> Prior criminal history | |
| <input type="checkbox"/> Failure to follow your treatment plan in that you _____ | |

☐ You present a current and continuous danger to the safety of staff, other inmates, or the good order of the Institution. Explanation: _____

OTHER: 120 12/06


ADDITIONAL COMMENTS:

☐ Develop/continue treatment plan with counselor

You will be expected to address the following: _____

~~EXHIBIT~~ ~~55-3~~ ~~B-1~~ ~~B~~

administered Dilantin¹ twice a day. On the same day he was referred to mental health. On November 19, 2005, Baylis made a request for mental health services and on November 24, 2005, he received mental health treatment, including the medications Ritalin² and Prozac³, and he was scheduled for a follow-up visit in three months. The medication administration record for December 2005 indicates that Baylis was administered Dilantin and Prozac on a daily basis.

 Baylis was next seen on January 11, 2006. At that time, Dr. Anthony Cannuli ("Dr. Cannuli") discontinued the use of Ritalin because it is contraindicated in persons with a history of seizures and Baylis has a seizure disorder history. Dr. Cannuli states that Baylis is being prescribed and administered appropriate medication for his conditions and there is no danger of medical/psychiatric harm to Baylis in the administration of the medications Baylis is currently prescribed or in his current mental health treatment plan.

Given the exhibits submitted to the court, Baylis has not demonstrated the likelihood of success on the merits. Baylis alleges that he has not received mental health treatment and

¹Dilantin (phenytoin) is indicated for the control of tonic-clonic (grand mal) seizures and psychomotor(temporal lobe)seizures. www.pfizer.com/pfizer/download/uspi_dilantin125.pdf.

²Ritalin is indicated in the treatment of Attention Deficit Hyperactivities Disorder. Physicians' Desk Reference 2256 (60th ed. 2006).

³Prozac is indicated in the treatment of major depressive disorder. Physicians' Desk Reference 1773 (60th ed. 2006).

B-2

synapse (space where the brain cells connect). AMP also increases the level of dopamine and norepinephrine in the synapse through another mechanism in the pre-synaptic (pre-connection) brain cell.^{20,21}

After an unsuccessful treatment attempt with one family of stimulants (MPH or AMP), an attempt with the other is warranted.⁹ Because MPH and AMP have different mechanisms of action, combining MPH and AMP may be useful in a person who does not respond to either type alone.^{6,7}

Q. Are adults who take psychostimulant medications more likely to have substance abuse problems?

A: No. Generally, the stimulants are well tolerated in therapeutic doses without any abuse. There is no evidence to substantiate the fear that stimulant use leads to substance abuse or dependence. On the contrary, studies indicate that successful treatment of AD/HD with stimulants lowers the chances of substance use disorders, compared to adults with untreated AD/HD.²³⁻²⁵

Adults with AD/HD who have a co-existing substance use disorder and are actively using sometimes abuse psychostimulants. Generally, the active substance use disorder needs to be treated before the co-existing AD/HD can be treated. In this case, it may be advisable not to use a psychostimulant for the treatment of AD/HD. For people with a recent history of substance use but no current use, deciding to use stimulant medication needs to be dealt with on a case-by-case basis. Certain extended release preparations are less likely to be abused, like Concerta (a recent extended

**"Psychostimulants continue to
be first line medications for the
treatment of AD/HD in adults..."**

release preparation of MPH with an osmotic delivery system that cannot be crushed and used other than as prescribed orally).

Q. What are the possible side effects of stimulant use in adults with AD/HD?

A. Side effects of stimulant use in adults are generally not severe. For MPH, one controlled study showed side effects such as insomnia, headaches, anxiety, loss

of appetite, weight loss (but less weight loss than is seen in children), and some cardiovascular effects.¹² The cardiovascular effects in those with normal blood pressure include increases in blood pressure (systolic and diastolic increases of about 4 mm Hg) and increases in heart rate (less than 10 beats per minute).^{6,7} No long-term controlled studies of cardiovascular effects have yet been published. Likewise, there are no studies on the effects of stimulants in people with borderline hypertension (high blood pressure) or with hypertension that is controlled by medication. Regular monitoring of blood pressure is generally recommended in adults with or without AD/HD.

METHYLPHENIDATE (MPH)

In a controlled MPH study of adults with AD/HD, 78 percent experienced a therapeutic response with an average dose of 0.92mg/kg/day split into three daily doses. The most common side effects were loss of appetite, insomnia and anxiety.^{12,26} Preliminary results of a recent unpublished long-term (six-month), controlled study demonstrated MPH's efficacy in almost 75 percent of adults with AD/HD.^{18,19}

IMMEDIATE RELEASE MPH

The immediate release preparations of MPH are a mixture of the mirror-image molecules (d and l isomers) in a 1 to 1 ratio. They are available as Ritalin, Metadate, Methylin, and generic MPH. The formulations are short-acting and last up to three or four hours. The d isomer, which is the active MPH isomer, has been isolated and released as Focalin. It lasts about as long as or possibly slightly longer than the others.^{27,28}

EXTENDED OR SUSTAINED RELEASE MPH

Older first generation sustained release preparations, which contain a wax matrix, do not have an immediate release portion and the release of the sustained portion is somewhat irregular. These medications include Ritalin SR, Metadate ER and Methylin ER.^{9,22}

The new second generation extended release MPH preparations include Concerta, Metadate CD and Ritalin LA. So far, there are no controlled efficacy studies of these three products in adults, and none is yet approved by the FDA for the treatment of AD/HD in adults.²⁹⁻³¹

core symptoms of AD/HD. None of the antidepressants has been approved by the FDA for the treatment of AD/HD in children, adolescents or adults; such treatment is considered off-label.⁴⁷

Tricyclic Antidepressants (TCAs)

Desipramine (Norpramine) and nortriptyline both inhibit norepinephrine reuptake significantly. Both moderately reduce the core symptoms of AD/HD in adults. The TCAs show negligible risk of abuse, have once daily dosing with 24 hour coverage, and are efficacious in those with co-existing anxiety and depression. However, it takes several weeks before a positive clinical effect, which is generally less robust than that of the stimulants, is seen. They are associated with potentially serious side effects including cardiac problems and possible death by overdose.^{6-8,48}

Mono-amine Oxidase Inhibitors (MAOI)

MAOIs help AD/HD by blocking the metabolism (breakdown) of norepinephrine and dopamine. There are no controlled studies on the treatment of AD/HD in adults with MAOIs. The use of MAOIs requires strict adherence to a special diet to prevent a hypertensive crisis (massive, acute rise in blood pressure). The MAOIs, therefore, may have only limited usefulness in treating adults with treatment-resistant, non-impulsive AD/HD symptoms with co-existing depression and anxiety.⁶⁻⁸

Bupropion (Wellbutrin)

Bupropion is an atypical antidepressant that increases dopamine and norepinephrine levels. It has a "moderate" response in adults with AD/HD, but the effect is not considered as large as the effect of stimulants and may take several weeks to develop. When co-existing bipolar disorder is present, bupropion may result in less mood instability than TCAs. Presently, it must be dosed twice daily, but there is a once daily dose set to appear soon. It may be associated with a higher than average rate of drug-induced seizures if given in excessively high doses or to those with a history of seizures or bulimia.^{6-8,49-51}

Venlafaxine (Effexor)

Venlafaxine blocks the reuptake of both norepinephrine and serotonin. Although there are no controlled studies of venlafaxine use in adults with AD/HD, several non-controlled studies show some encouraging results. It may have a role in treating AD/HD with co-existing depression and/or anxiety. Side effects of higher doses of

venlafaxine may include increases in blood pressure, so blood pressure monitoring is recommended.^{6-8,52-53}

ANTIHYPERTENSIVE AGENTS

Clonidine (Catapres) and guanfacine (Tenex) are alpha-2 and alpha-2a noradrenergic agents, respectively, that may indirectly affect dopamine by first affecting norepinephrine. Although they have been used to help children who have AD/HD with hyperactive and aggressive symptoms, their use in adults has been generally minimal. A recent preliminary controlled study showed some efficacy of guanfacine in adults with AD/HD. However, sedation and hypotensive effects as well as potential hypertensive rebound are issues of concern.^{6-8,54}

WAKE-PROMOTING AGENT

Modafinil (Provigil) is approved by the FDA for the treatment of narcolepsy. Its main effect appears to be indirect activation of the frontal cortex rather than direct involvement in central dopamine and norepinephrine pathways. In a recent two week, controlled study of modafinil, 48% of adults responded favorably to the medication. Longer, controlled studies in adults are clearly needed. At this time, modafinil's utility may be limited to adults with AD/HD who do not respond to first line medications.^{6-8,55}

CHOOSING A MEDICATION

With or without a co-existing psychiatric disorder, the importance of matching the needs of the individual with the characteristics of the AD/HD medication cannot be overemphasized. To date, the stimulants have been considered first line medications for AD/HD. The process of choosing a medication should involve recognizing the negative side effects of a medication so that the risks and benefits can be adequately weighed in the decision. It is often useful to construct a daily timeline of the needs (both attentional and behavioral) of the adult.